

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MAR 25 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4160

1. PLACE OF DEATH

County Buchanan
Towship St Joseph
City St Joseph

Registration District No. 35
Primary Registration District No. 001

File No. _____
Registered No. 229
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Graham Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 6 1919

7. AGE

YEARS MONTHS DAYS
10 6 13
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Graham Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Fred Waegle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Richville Oak Co Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Estelle Floyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Andrews Co

(STATE OR COUNTRY)

14. INFORMANT

Fred Waegle
Graham Mo

(Address)

15. FILED

Feb 21 1930
Wm G. G. G.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1930 to Feb 21, 1930 that I last saw h. or alive on Feb 20, 1930, and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis from acute Duodenal Perforated Appendicitis with Abscess & Peritonitis
12 1/2 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

12 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Rayl Potter, M. D.

Feb. 21, 1930 (Address) 731 Faron

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Fillmore Mo

DATE OF BURIAL

Feb 23 1930

20. UNDERTAKER

Heeman Funeral Home

ADDRESS

446 Colburn

